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developed at the University of Oxford, Oxford, UK, and measures the strictness of lockdown-style policies. Overall, countries that opted for an elimination strategy performed better along these three metrics than did countries that opted for a mitigation strategy. Notably, Vietnam aimed for the elimination of SARS-CoV-2 and was able to protect its extensive—and usually open—land borders from reimportations of the virus.

To summarise, we agree with Gold that further analysis could clarify the varying strategies that countries used and how each country's experience with SARS-CoV-2 depends on other relevant variables, such as centrality in the international travel network (ie, how likely people are to travel to or through the country) or how strategic choices interacted (eg, whether countries that aimed for elimination underinvested in vaccines). Nevertheless, drawing analytically causal connections in policy analysis will always be partly "art and craft".⁴ The overwhelming evidence here points towards elimination strategies having substantially outperformed mitigation approaches throughout the first year of the pandemic, when vaccines were not available.

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The World Health Network: a global citizens' initiative

The COVID-19 pandemic has cost more than 4 million lives, left millions of people with persistent symptoms (ie, long COVID), and has devastated societies, with already disadvantaged communities being hit hardest. The tragedy is that much of this harm was preventable, as shown early on by many Asia-Pacific countries that pursued elimination of COVID-19 and protected both their public health and economies.^{1–3} The rest of the world can still work towards elimination. The World Health Network (WHN) is a coalition of citizens and experts who are committed to global action to protect public health through progressive elimination of COVID-19.

Elimination means bringing cases down to sufficiently low numbers so that no community transmission occurs for extended periods of time. Outbreaks might occur but will be rapidly detected and controlled. Despite the manifest success of this approach, many governments rejected it outright, and after repeated lockdowns and substantial losses to life and economy, these governments now

speak of learning to live with the virus. Many governments' responses have been shaped by false dichotomies, pitting public health against the economy and collective wellbeing against individual liberty.^{1–3} Effective responses have been hampered by vested interests,⁴ rampant and organised misinformation, short-term thinking, and resistance to important facts, including airborne transmission, the role of children and schools in transmission, and the value of facemasks and ventilation. Exceptionalism (ie, a belief that the consequence of similar policies will somehow be different in a given context), the refusal to learn from experiences of other countries, and the failure to adopt the precautionary principle (ie, taking action in the face of uncertainty to prevent harm, such as the use of masks to prevent the spread of an airborne pathogen) led to the same avoidable errors being repeated in different countries. Even the arrival of effective vaccines, which are traditionally the basis of elimination, has not changed the thinking of many governments that ongoing community transmission with inevitable consequences of death and disability for many people should be accepted. Additionally, the reliance on vaccination alone as the main response strategy to the pandemic without controlling transmission risks the emergence of dangerous escape variants.⁵

An effective global strategy is required with solidarity and collective action at the individual, local, national, and international levels for progressive elimination of COVID-19. This major change in direction from a strategy of living with the virus to global progressive elimination will require the involvement of citizens with diverse expertise, including scientists, journalists, health-care workers, educators, lawyers, ethicists, human rights groups, and people with first-hand experience of COVID-19. To meet this need, we have created



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the WHN: an international grassroots initiative.

The WHN includes independent advisory and advocacy teams and citizens' action initiatives (appendix). Over the past year, our members have guided successful elimination efforts in multiple countries,⁶ advised governments and institutions, built accessible data analytical platforms (eg, the End Coronavirus platform), advocated for airborne precautions and school safety,⁷ produced scientific consensus documents,⁸ and engaged in public communication and community-based efforts to promote individual and public health. On July 14–15, 2021, we held the Global Summit to End Pandemics virtually, connecting 70 crossdisciplinary and crosscountry teams and over 300 scientists and other advocates.

We aim to achieve elimination by assembling rigorous scientific evidence and guidelines; sharing experience and expertise between countries; coordinating international strategies and actions; empowering citizen actions to improve public health, support vaccine uptake, and shape policy; addressing the role of inequality, inequity, and marginalisation in health; campaigning for vaccine equity and sharing; and challenging misinformation, nationalism, and exceptionalism.

The WHN is a citizens' initiative, bringing together like-minded experts and passionate advocates of public health. It is independent from any political body or government, being guided by compassion, scientific rigour, transparency, social justice, and value for life, which have been absent in many pandemic strategies.

The challenges facing the world are daunting, but we believe that this movement will help to progressively eliminate SARS-CoV-2, build more resilient and fairer systems than currently exist to support the health of all, and tackle global challenges beyond COVID-19, including structural inequalities and climate change.

Join us to contribute to this global community.

MM, GS, CPa, and SM are members of the Independent Scientific Advisory Group for Emergencies, and RW and JD are members of its behavioural subgroups. ZH is a member of OzSAGE. TR advises on the Independent Scientific Advocacy Group, Ireland. All other authors declare no competing interests. YB-Y, DG, and MGB contributed equally. Signatories of this Correspondence are listed in the appendix.

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See Online for appendix

For more on the End Coronavirus platform see <https://www.endcoronavirus.org/data>